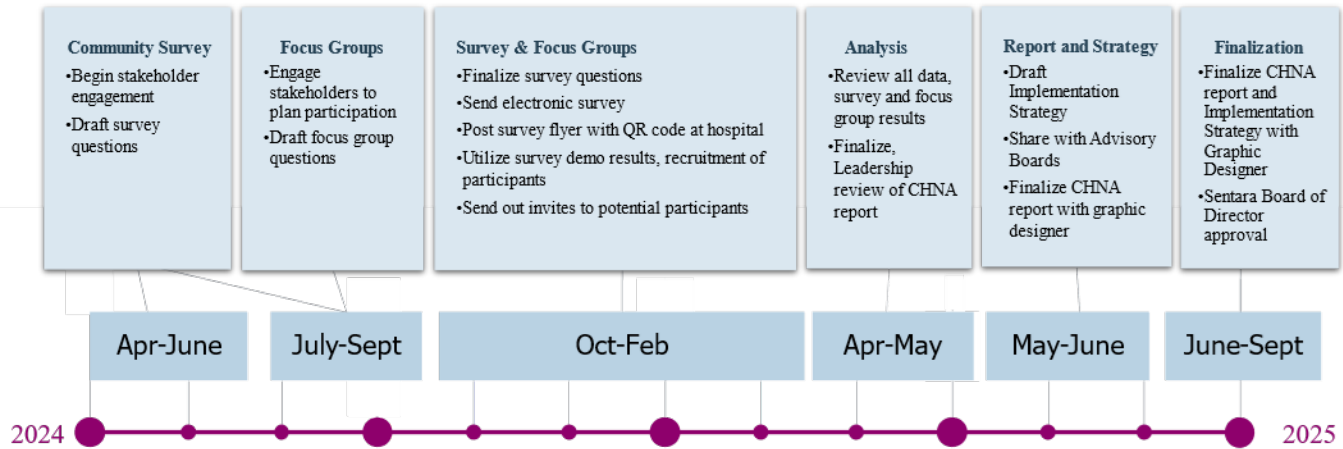


Sentara Halifax Regional Hospital Appendices

Appendices represent data and sources used in the Community Health Needs Assessment report.

CHNA Process and Timeline



[Appendix A: Community Demographics](#)

Demographics include geography, population change, age, gender, ethnicity, language, education, employment, poverty, and insurance.

[Appendix B: Community Health Indicators](#)

Indicators include county health rankings (health outcomes and health factors), access to health services, mortality, hospitalizations, risk factors, COVID-19, maternal and infant, aging adults, cancer, behavioral health, violent crimes, and gun violence.

[Appendix C: Community Input](#)

This includes the survey questions, survey answers, focus group demographics, questions and brief summary of results.

[Southside Community Survey](#)

[Southside Community Survey Responses](#)

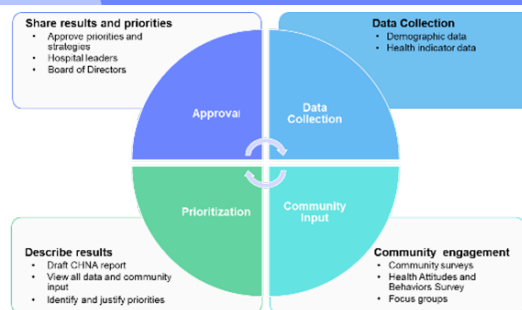
[Focus Groups](#)

[Appendix D: Prioritization Process](#)

Data Limitations

- The data presented represents a snapshot of the population, economic and leading health, and wellness issues in the service area.
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the service area.
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities.

Appendix A: Community Demographics



Geography

2022 Population Density per Square Mile

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Population Density/Sq Mile	218	39	24	41	49

Source: Accessed February 11, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

Population Change

Population estimates, July 2023	8,657,499	75,416	11,336	33,432	30,648
Population, %change – 4/1/2020 to 7/1/2023	1.0%	-0.06%	-1.7%	-1.7%	1.1%

*2025-2055 Population Projections

Projected Population 2025 - 2035	9,129,002	67,109	10,014	30,295	26,800
Projected Population 2035 - 2045	9,759,371	64,622	9,469	28,410	26,743
Projected Population 2045 - 2055	10,535,810	60,285	8,998	26,743	24,544
Projected Population Change 2025 - 2035	8.3%	-12.4%	-13.2%	-10.4%	-14.4%
Projected Population Change 2035 - 2045	6.9%	-3.8%	-5.8%	-6.6%	-0.2%
Projected Population Change 2045 - 2055	7.1%	-7.2%	-5.2%	-6.2%	-9.0%

Sources: Accessed February 11, 2025

United States Census Bureau: [QuickFacts](#).

*Weldon Cooper Center for Public Services: [Virginia Population Projections](#). August 2023

Green=increase

Red=decrease

Population by Sex at Birth

Female	4,379,009	38,778	5,737	17,574	15,467
%	50.50%	51.2%	50.0%	52.0%	50.8%
Male	4,278,490	36,939	5,738	16,237	14,964
%	49.50%	48.8%	50.0%	48.0%	49.2%

Source: Accessed February 11, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, [American Community Survey](#). 2019-23.

Population Age

Demographics	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Age 0-4	5.72%	5.14%	5.42%	5.17%	5.00%
Age 5-17	16.16%	14.75%	17.11%	15.07%	13.15%
Age 18-24	9.29%	6.92%	7.10%	7.19%	6.56%
Age 25-34	13.55%	10.85%	10.56%	11.25%	10.52%
Age 35-44	13.45%	9.92%	9.59%	9.59%	10.41%
Age 45-54	12.61%	11.58%	11.91%	11.67%	11.36%
Age 55-64	12.94%	15.49%	16.06%	14.77%	16.07%
Age 65+	16.29%	25.34%	22.27%	25.29%	26.56%

Source: Accessed February 11, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, [American Community Survey](#), 2019-23.

The Aging Population: Projections, 2030-2050

2030 Age 65-74	10.6%	16.0%	15.8%	15.0%	17.3%
2030 Age 75-84	6.5%	10.7%	9.2%	10.7%	11.2%
2030 Age 85+	2.1%	3.7%	3.2%	3.7%	3.8%
2040 Age 65-74	8.9%	14.4%	13.1%	13.9%	15.4%
2040 Age 75-84	7.3%	12.6%	12.1%	12.1%	13.4%
2040 Age 85+	2.9%	5.3%	4.3%	5.4%	5.5%
2050 Age 65-74	8.4%	12.7%	11.9%	11.9%	14.0%
2050 Age 75-84	6.2%	10.3%	9.1%	10.0%	11.1%
2050 Age 85+	3.5%	6.0%	5.2%	5.9%	6.4%

Source: Accessed February 11, 2025

Weldon Cooper Center for Public Services: [Virginia Population Projections](#), August 2023

Racial Profile

White	61.73%	62.46%	70.39%	60.30%	61.87%
Black	18.75%	32.55%	25.18%	34.70%	32.95%
Asian	6.86%	0.65%	0.17%	0.46%	1.04%
American Indian or Alaska Native	0.31%	0.17%	0.00%	0.09%	0.34%
Native Hawaiian or Pacific Islander	0.07%	0.00%	0.00%	0.00%	0.00%
Some Other Race	4.06%	0.53%	0.16%	0.50%	0.70%
Multiple Races	8.23%	3.64%	4.10%	3.95%	3.11%
Hispanic or Latino Population, Percent	10.73%	2.69%	2.46%	2.48%	3.00%
Non-Hispanic Population, Percent	89.29%	97.31%	97.54%	97.52%	97.00%
*Foreign Born Persons	12.9%	-	0.6	1.3	3.3

Source: Accessed February 11, 2025

Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, [American Community Survey](#), 2019-23.

*United States Census Bureau: [Quick Facts](#).

Spoken Languages, Population with Limited English Proficiency					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Language Other than English Spoken at Home, 5+, 2019-2023					
	16.5%	-	1.2%	3.8%	3.7%
*Population with Limited English Proficiency, age 5+					
Total Population	6.14%	0.73%	0.42%	0.80%	0.75%
*Population with Limited English Proficiency, age 5+, by Ethnicity Alone					
Hispanic or Latino	29.98%	12.68%	1.79%	10.00%	19.02%
Not Hispanic or Latino	3.38%	0.39%	0.39%	0.56%	0.21%
*Population with Limited English Proficiency, age 5+, by Race Alone					
White	2.00%	0.53%	0.37%	0.59%	0.53%
Black	2.38%	0.25%	0.25%	0.17%	0.34%
Asian	26.78%	13.12%	30.00%	40.31%	0.95%
Some Other Race	37.27%	24.47%	27.78%	22.58%	25.62%
**Sentara Language Line Services Requested at SHRH					
Spanish	-	79.3%	-	-	-
ASL	-	16.1%	-	-	-
Vietnamese	-	1.4%	-	-	-
Source: Accessed February 11, 2025					
United States Census Bureau: QuickFacts.					
*Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, American Community Survey , 2019-23.					
**Sentara Language Line Usage Report, January 2024-December 2024					
(-) no data available					
Other Demographics, 2019-2023					
Veterans					
Veterans	12.9%	6.2%	5.2%	6.3%	6.3%
Persons Without Health Insurance, under age 65					
Persons without Insurance	7.6%	9.0%	8.5%	8.8%	9.4%
Education, age 25+					
High School Graduate or Higher	91.3%	83.4%	81.4%	81.6%	86.0%
Bachelor's Degree or Higher	41.5%	19.5%	18.7%	18.2%	21.2%
Labor Force, age 16+					
Civilian Labor Force	63.7%	50.8%	51.7%	50.9%	50.4%
Civilian Labor Force, Female	60.2%	49.2%	52.5%	50.3%	46.8%
Median Household Income					
Median Household Income	\$90,974	-	\$48,892	\$49,244	\$51,691
Owner-occupied Housing	66.9%	-	71.1%	70.6%	71.9%
Computer and Broadband Internet Access					
Households with Computer	94.8%	78.2%	80.3%	77.4%	78.3%
Households with Broadband Internet	89.9%	69.5%	72.7%	66.2%	71.8%
Source: February 11, 2025					
United States Census Bureau: QuickFacts.					

Persons Living with any Disability					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Persons with Disability	12.25%	20.81%	23.06%	21.06%	19.99%
Population with Any Disability by Race/Ethnicity Alone					
Hispanic or Latino	7.73%	12.80%	28.42%	12.33%	8.34%
Not Hispanic or Latino	13.78%	21.03%	22.93%	21.28%	20.01%
White	13.02%	19.60%	19.51%	19.94%	19.28%
Black	13.98%	23.29%	31.67%	22.48%	21.75%
American Indian or Alaska Native	14.81%	32.28%	-	79.31%	18.37%
Asian	6.89%	5.04%	10.00%	10.34%	2.25%
Some Other Race	7.67%	15.58%	44.44%	13.69%	14.62%
Multiple Race	9.18%	22.97%	31.62%	26.92%	12.96%
Population with Any Disability-by-Disability Status					
Hearing	3.37%	5.14%	5.24%	5.00%	5.25%
Vision	2.42%	3.08%	2.78%	3.21%	3.04%
Cognitive	4.96%	9.20%	9.56%	10.38%	7.74%
Ambulatory	6.17%	11.41%	14.09%	10.60%	11.29%
Self-care	2.36%	3.72%	4.08%	4.12%	3.13%
Independent Living	5.40%	9.54%	10.96%	9.51%	9.04%
Sources: Accessed February 11, 2025					
Virginia's Plan For Well-Being, Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, American Community Survey , 2019-23.					
(-) data unavailable					
Poverty					
Poverty, all ages	867,052	13,123	2,324	6,453	4,346
Poverty %	10.2%	17.8%	20.8%	19.7%	14.6%
Poverty, under age 18	235,215	3,784	795	1,828	1,161
Poverty %	12.7%	25.7%	32.2%	27.3%	20.8%
Sources: Accessed February 11, 2025					
United States Census Bureau: Small Area Income and Poverty Estimates (SAIPE) , 2023					
(-) no data available					
Poverty Status by Race/Ethnicity					
White	7.9%	14.5%	23.4%	12.6%	12.7%
Black	16.4%	26.7%	25.3%	26.9%	27.0%
Asian	6.8%	14.5%	1.0%	24.8%	10.6%
Some Other Race	16.3%	3.5%	0.0%	7.7%	0.5%
Hispanic or Latino	13.2%	31.6%	41.8%	14.9%	30.7%
Sources: Accessed February 11, 2025					
United States Census Bureau: American Community Survey, 2023: ACS 5-Year Estimates					
(-) no data available					
Unemployment, population 16 years and over					
Unemployed	202,807	1061	111	565	385
Unemployed, percent of population age 16 years+	2.9%	1.7%	1.2%	2.0%	1.5%
Source: Accessed February 11, 2025					
United States Census Bureau: American Community Survey, 2023: ACS 5-Year Estimates					

Employment, population 16 years and over

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
In labor force	4,450,159	31833	4755	14191	12887
In labor force, percent	65.6%	50.8%	51.7%	50.9%	50.5%
Females, age 16+	3,561,750	32577	4694	14726	13157
In labor force, female	2,200,847	16037	2468	7410	6159
In labor force, female, percent	61.0%	49.2%	52.5%	50.3%	46.8%

Source: Accessed February 11, 2025

United States Census Bureau: American Community Survey, 2023: [ACS 5-Year Estimates](#)

Education Attainment, population 25 years and over, 2019-2023

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
No High School Diploma	8.7%	16.61%	18.6%	18.4%	14.0%
High School Only	23.9%	34.04%	33.7%	35.0%	33.1%
Some College	18.2%	20.78%	18.9%	20.4%	21.8%
Associate's Degree	7.8%	9.08%	10.1%	8.0%	9.9%
Bachelor's Degree	23.3%	12.19%	10.7%	11.9%	13.0%
Graduate or Professional Degree	18.2%	7.31%	8.0%	6.3%	8.1%

Education Attainment, by gender-Male

No High School Diploma	6.3%	13.4%	14.7%	15.0%	11.1%
High School Only	17.2%	26.3%	24.0%	27.4%	26.1%
Some College	12.1%	14.3%	12.8%	14.0%	15.1%
Associate's Degree	4.6%	5.1%	6.8%	3.4%	6.3%
Bachelor's Degree	15.2%	7.7%	5.6%	7.2%	9.0%
Graduate or Professional Degree	12.3%	4.3%	3.7%	3.3%	5.5%

Education Attainment, by gender-Female

No High School Diploma	5.6%	11.0%	11.5%	11.8%	9.9%
High School Only	15.7%	23.6%	23.5%	23.6%	23.5%
Some College	13.0%	16.1%	13.8%	15.6%	17.6%
Associate's Degree	6.1%	8.1%	7.3%	8.0%	8.5%
Bachelor's Degree	16.9%	10.1%	9.4%	10.0%	10.5%
Graduate or Professional Degree	12.7%	6.4%	7.6%	5.8%	6.6%

Source: Accessed February 11, 2025

[Virginia's Plan For Well-Being](#), Virginia Community Health Improvement Data Portal. Data Source: US Census Bureau, [American Community Survey](#), 2019-23.

Government Programs

Medicaid and FAMIS (Below 138% FPL) Enrollment January 1, 2025

	Virginia	*Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Medicaid/FAMIS Enrollment	2,132,830	22,542	-	12,637	9,905
Medicaid/FAMIS Percentage	24.6%	29.9%	-	37.8%	32.3%
65+ Enrolled in Medicaid/FAMIS Enrollment	87,993	1,213	-	707	506
65+ Enrolled in Medicaid/FAMIS Percentage	1.0%	1.6%	-	2.1%	1.7%
Children Enrolled in Medicaid/FAMIS	837,647	7,959	-	4,402	3,557
Children Enrolled in Medicaid/FAMIS Percentage	9.7%	10.6%	-	13.2%	11.6%

Sources: Accessed February 10, 2025

Virginia Medicaid. Department of Medical Assistance Services (DMAS) Data

Medicare Enrollment, 2022

65+ Medicare Percentage	65.4%	-	61.65%	50.70%	67.19%
65+ Medicare and Medicaid Percentage	4.8%	-	12.76%	1.78%	7.01%

Sources: Accessed February 11, 2025

Centers for Medicare & Medicaid Services Data (cms.gov), [Mapping Medicare Disparities by Population](#)

*Service area totals are estimates based on the data provided.

(-) data unavailable

Appendix B: Community Health Indicators

Length of Life (Average number of years a person can expect to live)					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Life expectancy	78.73	76.09	77.38	75.84	75.85
*Length of Life: African Americans					
Life expectancy	-	-	67.7	70.2	68.9
*Length of Life: White					
Life expectancy	-	-	73.2	73.8	76.1
Sources: Accessed February 12, 2025					
Virginia's Plan For Well-Being , Virginia Community Health Improvement Data Portal. Data Source: Centers for Disease Control and Prevention and the National Center for Health Statistics, U.S. Small-Area Life Expectancy Estimates Project, 2010-15					
*2024 County Health Rankings & Roadmaps					
Red: worse than state and white populations					
(-) data unavailable					
Access to Care (rate per 100,000 population)					
Primary Care Physicians rate, 2021	74.94	47.72	52.41	38.53	56.20
*Primary Care Physician ratio, 2021	1341:1	-	1908:1	2595:1	1779:1
Dentist rate, 2022	75.3	38.3	34.9	47.6	29.5
*Dentist ratio, 2022	1329:1	-	2869:1	2103:1	3390:1
Mental Health Provider rate, 2023	243.3	111.1	61	127.8	111.4
*Mental Health Provider ratio, 2023	411:1	-	1639:1	782:1	897:1
Avoidable Hospitalizations, Rate	820.01	1,433.66	1,651.65	1,421.82	1,365.04
*Preventable hospital stays rate, 2021 (per 100,000 Medicare enrollees)					
Preventable hospital stays rate	2601	-	3476	3888	3023
Preventable hospital stays rate, (Black)	-	-	2943	4267	3365
Preventable hospital stays rate, (White)	-	-	3821	3710	2911
Mammography Screening, 2021					
Sources: Accessed February 12, 2025					
Virginia's Plan For Well-Being , Virginia Community Health Improvement Data Portal. Data Source: Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics. Data directly obtained via email from Virginia Department of Health 2020.					
*2024 County Health Rankings & Roadmaps					
(-) data unavailable					
Red: Worse than state					
Leading Causes of Death, Rate (Per 100,000 Population) 2022					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Heart/Cardiovascular Disease	180.81	343.34	-	-	-
Cancer	179.13	319.05	-	-	-
Stroke/Cerebrovascular Disease	46.12	106.02	-	-	-
Accidents	52.53	95.19	-	-	-
COVID-19	43.20	92.89	-	-	-
Sources: Accessed February 12, 2025					
Virginia's Plan For Well-Being , Virginia Community Health Improvement Data Portal. Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2018-2021.					
Red: Worse than state					

Substance Use					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Drug Overdose Crude Death, Rate (Per 100,000 Population), 2018-2022					
Drug Overdose	24.1	40.6	51.8	44.5	32.1
Drug Overdose Crude, Rate (Per 100,000 Population), Race and Sex					
White	27.9	46.0	50.5	52.7	36.8
Black	38.7	35.3	-	35.3	-
Men	36.9	61.9	86.8	70.5	43.0
Hospitalizations, Rate (Per 100,000 Population), 2020					
Drug Overdose Hospitalizations	89.92	84.06	93.06	53.52	114.09
Substance Use Disorder (SUD)	75.05	73.56	93.06	56.49	84.75
Mortality Rate (Per 100,000 Population), 2018-2022					
Alcohol-Impaired Driving Deaths	1.6	5.3	8.7	5.9	3.3
Liver Disease and Cirrhosis	13.5	21.1	-	16.6	24.2
Substances, Crude Rate (Per 100,000 Population), 2022					
Excessive Drinking, past 30 days, age 18+	17.4%	14.0%	14.6%	13.6%	14.2%
Smokers, age 18+	13.3%	18.1%	20.4%	18.6%	16.8%
Sources: Accessed February 12, 2025					
Virginia's Plan For Well-Being , Virginia Community Health Improvement Data Portal. Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System . Accessed via CDC WONDER. 2019-2023. Virginia Department of Health, Virginia Department of Health . US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System . 2019-2023. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.					
Red: Worse than state					
(-) data unavailable					
Mental Health					
Suicide Crude Death Rate (Per 100,000 Population), 2019-2023					
Suicide	13.9	20.6	-	17.2	20.3
Self-harm, ED Visit Counts Rate (Per 100,000 Population, age 5+), 2023					
Self-harm and Suicide	680.9	-	834.1	474.3	696.3
Self-harm and Suicide (white)	685.8	-	-	-	-
Self-harm and Suicide (black)	1,088.3	-	-	-	-
*Mental Health Days, Average (age-adjusted), 2021					
Poor Mental Health Days	4.9	-	5.7	6.0	5.0
Mental Health, Crude Rate (Per 100,000 Population), age 18+, 2022					
Frequent Mental Distress	16.5%		19.0%	19.0%	18.0%
Depressive Disorder, Crude Rate (Per 100,000 Population), Health District					
	Virginia		Piedmont Health District		Southside Health District
Depressive Disorder	19.62%		23.91%		13.73%
Sources: Accessed February 12, 2025					
Virginia's Plan For Well-Being , Virginia Community Health Improvement Data Portal. Data Source: Centers for Disease Control and Prevention, CDC - National Vital Statistics System . Accessed via CDC WONDER. 2018-2022. Virginia Department of Health, Syndromic Surveillance Data , Division of Surveillance and Investigation, Office of Epidemiology - Virginia Department of Health. Data directly obtained via email from Virginia Syndromic Surveillance 2023. Virginia Department of Health, Behavioral Risk Factor Surveillance Survey . Data directly obtained via email from Virginia Department of Health. 2021. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal . 2022					
*2024 County Health Rankings & Roadmaps					
(-) data unavailable					
Red: Worse than state					

SHRH Emergency Department Behavioral Health Visits, Top 4 Diagnosis, 2023-2024					
	Behavioral Health (Patient Frequency)	Suicidal Ideation	Schizophrenia	Delusional Disorders	Generalized Anxiety Disorder
Total	720	34.6%	4.6%	4.0%	3.3%
By Age					
Age 0-18	156	37.2%	0.0%	1.3%	1.9%
Age 19+	564	28.5%	5.9%	4.8%	3.7%
By Race					
Black	284	29.6%	8.5%	6.0%	2.5%
White	425	37.2%	2.1%	2.6%	3.8%
By Gender					
Male	354	36.7%	6.8%	3.4%	1.1%
Female	366	32.5%	2.5%	4.6%	5.5%

Sources: Accessed February 12, 2025

Sentara Healthcare Behavioral Health Emergency Department Visits Summary, 2023-24 (January 1, 2023 through December 31, 2025)

Cancer Incidence Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2017-2021					
		Virginia	Charlotte	Halifax	Mecklenburg
Breast (Female)	Prevalence Rate	129.0	144.6	123.6	154.3
	Average Annual Count	6,823	12	33	39
Prostate (Male)	Prevalence Rate	106.6	114.0	104.7	125.7
	Average Annual Count	5,571	12	29	34
Lung and Bronchus	Prevalence Rate	51.3	69.8	54.6	69.1
	Average Annual Count	5,461	14	32	39
Colon & Rectum	Prevalence Rate	33.8	42.1	54.1	35.5
	Average Annual Count	3,401	7	29	17
All Sites	Prevalence Rate	411.2	454.6	417.1	486.8
	Average Annual Count	42,411	82	229	248
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Virginia Cancer Incidence Rate by Race: Annual Average Count / Rate Per 100,000, Age-adjusted 2017-2021					
Virginia		Prostate (Male)	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	93.0	131.9	53.5	33.6
	Average Annual Count	3,572	4,810	4,175	2,392
Black	Prevalence Rate	173.4	133.7	54.3	38.1
	Average Annual Count	1,533	1,325	988	678
Hispanic	Prevalence Rate	71.4	85.8	21.2	22.1
	Average Annual Count	146	251	86	110
Asian	Prevalence Rate	54.2	86.2	26.5	22.2
	Average Annual Count	140	304	149	133
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Cancer Death Rate: Annual Average Count / Rate Per 100,000, Age-adjusted 2018-2022					
		Virginia	Charlotte	Halifax	Mecklenburg
Breast (Female)	Prevalence Rate	20.2	-	29.3	21.1
	Average Annual Count	1,133	-	9	7
Prostate (Male)	Prevalence Rate	20.4	-	27.4	26.5
	Average Annual Count	853	-	7	6
Lung and Bronchus	Prevalence Rate	33.2	60.9	47.4	47.6
	Average Annual Count	3,567	12	29	28
Colon & Rectum	Prevalence Rate	12.9	25.3	17.7	18.8
	Average Annual Count	1,335	4	11	9
All Sites	Prevalence Rate	147.4	186.8	191.7	174.0
	Average Annual Count	15,451	27	113	98
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Virginia Cancer Death Rate by Race: Annual Average Count / Rate Per 100,000, Age-adjusted 2018-2022					
Virginia		Prostate (Male)	Breast (Female)	Lung and Bronchus	Colon and Rectum
White	Prevalence Rate	18.3	19.5	35.0	12.8
	Average Annual Count	582	782	2,768	955
Black	Prevalence Rate	38.1	27.0	36.0	16.9
	Average Annual Count	234	273	645	296
Hispanic	Prevalence Rate	11.4	11.8	11.0	6.5
	Average Annual Count	15	33	43	29
Asian	Prevalence Rate	9.8	12.0	17.0	8.4
	Average Annual Count	20	42	95	48
Trend: Falling	Trend: Rising	Trends compare to previous 5-year period			

Sources: Accessed February 12, 2025

[National Cancer Institute, State Cancer Profiles: Incident Rates Table](#)

[National Cancer Institute, State Cancer Profiles: Mortality Rates Table](#)

(-) 3 or fewer

Prevention: Cancer					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Cervical Cancer Screening Test, Crude Rate, females age 21-65, 2020					
Cervical Cancer	83.8%	82.9%	81.7%	82.7%	83.7%
Colorectal Cancer Screening Test, Crude Rate, men age 45-75, 2022					
Colorectal Cancer	67.3%	67.5%	66.4%	66.9%	68.5%
Adults with Cancer, Crude Rate, age 18+, 2022					
Cancer Diagnosis	8.1%	9.9%	9.6%	9.8%	10.2%
Mammography Screening, age 50-74					
Mammography screening, percent, 2022	78.6%	74.9%	73.7%	76.5%	73.6%

	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
*Mammography Screening, Medicare Enrollees age 65-74					
Mammography screening	44%	-	35%	41%	45%
Mammography screening (White)	-	-	33%	37%	46%
Mammography screening (Black)	-	-	43%	51%	42%
Sources: Accessed February 12, 2025					
Virginia's Plan For Well-Being , Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2020 and Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .					
*2024 County Health Rankings & Roadmaps					
Red: Worse than state					
Diabetes					
Diabetes Prevalence (age-adjusted), age 20+, 2021					
Diabetes	10%	-	12%	13%	12%
Diabetes Diagnosis (crude), age 18+, 2022					
*Diabetes Diagnosis	12.7%	18.6%	18.6%	19.1%	18.1%
Diabetes Hospitalizations, Rate per 100,000 Population, age 18+, 2022					
*Diabetes Hospitalizations	2,114.24	3,629.22	4,551.61	3,324.12	3,608.33
Diabetes Mortality, Rate per 100,000 Population, 2022					
*Diabetes Deaths	33.80	35.33	36.49	32.05	37.79
Sources: Accessed February 12,2025					
2024 County Health Rankings & Roadmaps					
*Virginia's Plan For Well-Being , Virginia Department of Health, Inpatient Discharge Dataset from Virginia Health Information (VHI). Data directly obtained via email from Virginia Department of Health 2022. Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System . Accessed via the PLACES Data Portal . 2022. Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics . Data directly obtained via email from Virginia Department of Health 2022.					
Red: Worse than state					
Chronic Conditions, Rate per 100,000 Population, 2021-2022					
Asthma crude rate, age 18+	9.9%	11.2%	11.5%	11.2%	11.2%
Asthma Hospitalizations, rate	619.52	736.88	744.50	651.15	827.93
High Blood Pressure, crude rate, age 18+	34.0%	45.9%	43.9%	46.4%	46.0%
High Cholesterol, crude rate, 18+	36.7%	42.7%	41.4%	43.9%	41.9%
Deaths due to Hypertension and/or Renal Disease, rate	13.54	18.98	-	11.28	23.68
Hypertension Hospitalizations, rate	4,360.69	6,928.76	8,680.20	6,279.55	6,965.68
Stroke, crude rate age 18+	3.4%	5.8%	5.9%	5.9%	5.6%
Stroke Hospitalizations, rate	263.13	388.80	609.14	338.95	358.55
Deaths due to Stroke, rate	44.9	64.15	73.42	63.75	60.95
Coronary Heart Disease, crude rate, age 18+	6.3%	10.0%	10.1%	10.0%	9.9%
Deaths due to Diseases of the Heart, rate	174.96	211.4	238.36	206.54	206.36
Deaths due to Chronic Lower Respiratory Diseases, rate	39.52	37.56	43.92	31.50	40.40
Sources: Accessed February 12,2025					
Virginia's Plan For Well-Being , Virginia Department of Health, Inpatient Discharge Dataset from Virginia Health Information (VHI) and Virginia Department of Health, Office of Information Management, Division of Health Statistics .. Data directly obtained via email from Virginia Department of Health 2022.					
Red: Worse than state					

Medicare Primary Chronic Conditions, Primary Condition Prevalence Percentage, 2023					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Hypertension	66%	-	72%	75%	74%
Diabetes	25%	-	30%	32%	30%
Obesity	18%	-	24%	21%	28%
Depression	16%	-	16%	15%	20%
Kidney Disease	17%	-	22%	20%	21%
Ischemic Heart Disease	19%	-	20%	22%	22%
Heart Failure	11%	-	12%	14%	15%
Atrial Fibrillation	14%	-	15%	15%	15%
Obstructive Pulmonary Disease	10%	-	15%	14%	18%
Cancer	12%	-	12%	11%	12%
Asthma	7%	-	8%	15%	15%
Alzheimer's and Dementia	6%	-	7%	7%	8%

Sources: Accessed February 12, 2025

[Centers for Medicare & Medicaid Services Data, Mapping Medicare Disparities by Population \(cms.gov\)](#)

Red: Worse than state

Births, Birthweight and Infant Death by Locality of Residence, 2020-2022					
Total Live Births to Residents	285,956	2,248	421	1,000	827
Teen Pregnancies, Ages 15-19, 2022	4,166	51	8	21	22
Teen Pregnancies Rate, Ages 15-19, 2022	15.26	25.21	25.40	21.81	29.53
Preterm Births, percentage, 2022	9.55%	10.41%	9.02%	7.57%	14.34%
Mothers with Late or No Prenatal Care, Percent of Total Live Births	5.1%	5.06%	11.48%	4.73%	2.57%

Low Birthweight Birth Rates (birth weight less than 5 pounds 8 ounces), 2022					
Total Live Births	95,615	711	122	317	372
Low Birth Weight	8,088	83	13	32	38
Low Birth Weight, percent	8.46%	11.67%	10.66%	10.09%	13.97%

Infant Death Rates					
Total Infant Deaths / Rate per 1,000 Births	5.98	7.56	-	10.0	6.05
Total Infant Deaths	1,711	17	-	10	5
Total Infant Death Rate (White)	4.93	-	-	-	-
Total Infant Death Rate (Black)	12.09	-	-	-	-
Total Infant Death Rate (Hispanic)	6.12	-	-	-	-

Substance Use, Birth Hospitalizations, Rate per 1,000 Birth Hospitalizations					
Maternal Opioid Use Disorder (OUD), Rate, 2020	4.72	-	0.00	6.57	0.00
Smoking during Pregnancy, 2022	3.21%	10.27%	13.11%	10.73%	8.46%

Sources: Accessed February 12, 2025

[Virginia's Plan For Well-Being](#), Virginia Department of Health, [VDH - Maternal & Child Health](#). Data directly obtained via email from Virginia Department of Health 2022. Virginia Department of Health, [Virginia Department of Health, Office of Information Management, Division of Health Statistics](#). Data directly obtained via email from Virginia Department of Health 2020.

(-) data unavailable

Red: Worse than State and White population rates

Quality of Life					
	Virginia	Total Service Area	Charlotte County	Halifax County	Mecklenburg County
Food insecure, 2021	8%	-	13%	10%	11%
Limited access to health foods, 2019	4%	-	15%	10%	10%
Physical inactivity, 2021	20%	-	28%	29%	28%
Access to exercise opportunities, 2023	84%	-	16%	46%	56%
Adults with obesity, 2021	34%	-	42%	44%	40%
Frequent physical distress, 2020	10%	-	13%	13%	12%
Firearm fatality rate, per 100,000 population, 2017-2021	13	-	20	17	22
*Poor or fair health, 2022	16.7%	24.7%	26.1%	25.1%	23.7%
*Poor physical health days, age 18+, 2022	12.4%	17.2%	17.9%	17.4%	16.7%
*Insufficient sleep, age 18+, 2022	36.0%	38.8%	40.5%	37.7%	39.4%
*Injury death rate, per 100,000 population, 2018-2022	54.2	106.24	139.13	104.16	87.37
Sources: Accessed February 12, 2025					
2024 County Health Rankings & Roadmaps					
*Virginia's Plan For Well-Being, Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022. Virginia Department of Health, Virginia Department of Health, Office of Information Management, Division of Health Statistics, Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER, 2018-2022.					
(-) data unavailable					
Red: Worse than State rates					
Transportation Profile, 2019-2023					
Workers age 16+	4,308,387	26,786	4,572	13,104	12,110
Drive alone, percent	69.2%	81.0%	83.4%	78.9%	82.4%
Carpool, percent	8.2%	8.1%	7.8%	10.7%	5.3%
Public transportation, percent	2.6%	0.2%	0.1%	0.2%	0.3%
Bicycle or walk, percent	2.4%	1.0%	1.6%	1.0%	0.8%
Taxi or other, percent	1.4%	3.2%	1.8%	2.8%	4.1%
Work at home, percent	16.3%	6.5%	5.4%	6.4%	7.2%
No motor vehicle, percent	6.00%	7.11%	7.44%	7.99%	6.09%
Sources: Accessed February 12, 2025					
Virginia's Plan For Well-Being, Data Source: US Census Bureau, American Community Survey. 2019-23.					
Red: Worse than State rates					

Appendix C: Community Input



Southside Community Survey

The Southside Health District & Sentara Healthcare would like to learn more about what you need to be healthy. Please complete the following questions with the best answer or answers. Please complete the survey only once. You must be over 18 to complete the survey. Surveys can be returned to the site of collection or one of the Southside Health District offices. Thank you for taking the time to complete the survey.

1. What is your zip code? _____
2. Which Virginia County do you live in? _____
3. What do you think are the top 5 issues that affect health in our community? (Please check up to five (5)).

- | | |
|--|---|
| <input type="checkbox"/> Access to Healthy Foods | <input type="checkbox"/> Obesity/Overweight |
| <input type="checkbox"/> Accidents/Unintentional Injuries | <input type="checkbox"/> Prescription Drug Misuse |
| <input type="checkbox"/> Alzheimer's/ Dementia | <input type="checkbox"/> Sexual Assault |
| <input type="checkbox"/> Alcohol or Illegal Drugs | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Tobacco Use/Vaping |
| <input type="checkbox"/> Texting/Distracted Driving | <input type="checkbox"/> Unsafe Sex |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Baby/Mother Care |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Dental/Oral Care | <input type="checkbox"/> Religious Freedoms |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Environmental Health (Water Quality, Air Quality, Pollution) | <input type="checkbox"/> Access to Technologies |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Harm Reduction Resources |
| <input type="checkbox"/> Heart Conditions (Congestive Heart Failure, Heart Disease, Heart Attacks) | <input type="checkbox"/> English Second Language Services |
| <input type="checkbox"/> Infectious Disease (Hepatitis, TB, MRSA, etc) | <input type="checkbox"/> Homelessness Services |
| <input type="checkbox"/> Neurological Conditions (Stroke, Seizure, Multiple Sclerosis, TBI, etc) | <input type="checkbox"/> Tax and Fee Relief Assistance |
| <input type="checkbox"/> Multiple Sclerosis, TBI, etc) | <input type="checkbox"/> Education |
| <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Housing Affordability and Availability |
| <input type="checkbox"/> Respiratory Diseases (COPD, Asthma, Emphysema) | <input type="checkbox"/> Re-Entry Programs |
| <input type="checkbox"/> Sickle Cell Disease | <input type="checkbox"/> Violence- Sexual and/or Physical |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Violence in the community (Gun injuries, Gangs, Human Trafficking, etc.) |
| | <input type="checkbox"/> I prefer not to answer |

4. What healthcare services are hard to get in our community? Please select ALL that apply.

- | | |
|---|--|
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Alternative Therapy/ Massage/Yoga |
| <input type="checkbox"/> Mental Health Care | <input type="checkbox"/> Ambulance Services |
| <input type="checkbox"/> Vision (eye) care | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Treatment for alcohol/substance use disorder | <input type="checkbox"/> Primary Care Providers |
| <input type="checkbox"/> End of Life Care/Hospice | <input type="checkbox"/> Urgent Care |

- Cancer Care
 - Chiropractic
 - Dermatology
 - Eldercare
 - Baby/Mother care
 - Immunizations
5. When was the last time you saw a doctor or other healthcare provider for a well check/exam and not for a sick visit?
- Within the past year (1-12 months)
 - Within the past 2 years (13-24 months)
 - Within the past 5 years (25 months to 5 years)
6. Have you been told by a doctor or healthcare provider that someone in your household is a person with any of the following (Please select ALL that apply):
- Asthma
 - Cancer
 - Cerebral Palsy
 - COPD/Chronic bronchitis/Emphysema
 - Depression/Anxiety
 - Drug or Alcohol Issues
 - Heart Disease
 - High Blood Pressure
 - High Cholesterol
 - HIV/AIDS
 - Mental Health Issues
 - Obesity/Overweight
 - Stroke
 - I have no health problems mentioned by doctor or healthcare provider
 - I prefer not to answer
7. What keeps you from being healthy?
- Childcare
 - Costs
 - Health Insurance
 - Lack of Medical Providers
 - Location of Health Services
 - No/limited home support network
 - No/Limited phone access
 - Time off from work
 - Transportation
 - Understanding the use of Health Services
8. Please select ALL of the statements below that describe your lifestyle during the last 30 days.
- I have had 5 or more alcoholic drinks if male or 4 or more alcoholic drinks if female during one sitting or occasion
 - I have used drugs like meth, cocaine, heroin, ecstasy, LSD or similar.
 - I have used marijuana in any form.
 - I have used prescription medications to get high or for purpose they were not prescribed.
 - I have used tobacco products like cigarettes, smokeless tobacco, vaping devices etc.
 - None of the above statements apply to my last 30 days.
 - I prefer not to answer

9. Where do you sleep most often?
- In a group home, hospital, or treatment program
 - In a home I own or rent
 - In a hotel or motel
 - In a shelter or transitional housing program
 - Living with extended family because that is my choice
 - Outside, in a car, abandoned building, or public space
 - Stay with friends or family because of financial issues (not my choice)
10. Do you feel safe in your neighborhood to walk, find help and live?
- Yes
 - No
 - I prefer not to answer
11. Where do you get the food that you eat at home? (Please check all that apply)
- Backpack or summer food programs
 - Community Garden
 - Corner store/ convenience store/ gas station
 - Dollar store
 - Farmers' market
 - Food bank/ food pantry
 - Grocery store
 - Home garden
 - I do not cook/eat at home
 - I regularly receive food from family, friends, neighbors, or my church
 - Meals on Wheels
 - Take-out/ fast food/ restaurant
12. What type of transportation do you use most often? (Please select ALL that apply.)
- I drive
 - Friends or family drive me
 - I bike or walk
 - Public Transit (bus, shuttle, similar)
 - Ridesharing/ carpooling
 - Taxi (including Uber or Lyft)
 - Other transit service
13. Which of the following describes your current type of health insurance? (Please check all that apply).
- COBRA
 - Dental Insurance
 - Employer provided insurance
 - Government (VA, TRICARE)
 - Health Savings Plan/ Spending Account
 - Individual/ Private insurance/ Marketplace/ Obamacare
 - Medicaid
 - Medicare
 - Medicare Supplement
 - No dental insurance
 - No health insurance
14. What is your gender identity?
- Male
 - Female
 - Non-binary
 - Transgender
 - Gender queer
 - Gender fluid
 - Prefer not to answer

15. What is your highest education level completed?

- | | |
|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school diploma/ GED | <input type="checkbox"/> Masters/ PhD degree |
| <input type="checkbox"/> Vocational/ Technical certificate | |

16. What is your ethnicity?

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
|-----------------------------------|---------------------------------------|

17. Please choose which race you identify with the most (You may select up to two options):

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiians and other |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islanders |
| <input type="checkbox"/> Black and African American | <input type="checkbox"/> White and European Americans |
| <input type="checkbox"/> Middle Easterners and North Africans | <input type="checkbox"/> Latino |

18. How many people are in your household?

- | | |
|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 or more |
| <input type="checkbox"/> 4 | |

19. What is your yearly household income?

- | | |
|--|--|
| <input type="checkbox"/> \$0 - 10,000 | <input type="checkbox"/> \$50,001 - \$60,000 |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$60,001 - \$70,000 |
| <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$70,001 - \$100,000 |
| <input type="checkbox"/> \$30,001 - \$40,000 | <input type="checkbox"/> \$101,001 - and above |
| <input type="checkbox"/> \$40,001 - \$50,000 | |

20. What is your current employment status?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Disabled |

21. Optional: Describe how help is needed for any health issues in the community where you live:

Southside Community Survey Responses

Survey shared with multiple community partners:

Southside Senior Center, Estes Center, Mecklenburg WIC, Washington Coleman Center, Temple of Zion Church, Boydton/Southside Library, South Hill Exchange Warehouse, PATHS South Boston, Chase City Senior Center, Estes Center Chase City—Rocky Mount Women’s ministry, New Liberty Baptist Church, Selah Center, Mecklenburg DSS, Brunswick Health Ambassadors, Southside Behavioral Health/Southside Wellness Coalition, and Tri-County Community Action Agency.

	Total Service Area	Charlotte	Halifax	Mecklenburg
Number of Responses	339	7	169	163
Race/Ethnicity				
Black/African American	57.8%	14.3%	54.4%	63.2%
White/European American	39.5%	85.7%	42.0%	35.0%
American Indian/Alaska Native	2.9%	0.0%	4.1%	1.8%
Asian American	0.6%	0.0%	0.6%	0.6%
Latino	0.6%	0.0%	0.6%	0.6%
Native Hawaiian/Other Pacific Islander	0.3%	0.0%	0.0%	0.6%
Middle Easterner/North African	0.0%	0.0%	0.0%	0.0%
Hispanic	1.5%	0.0%	1.8%	1.2%
Non-Hispanic	97.6%	100.0%	98.2%	96.9%
Did not respond	0.9%	0.0%	0.6%	1.2%
Sex/Gender Identity				
Female	82.9%	57.1%	84.0%	82.8%
Male	14.7%	14.3%	14.2%	15.3%
Prefer not to answer	1.2%	14.3%	1.2%	0.6%
Transgender	0.3%	0.0%	0.6%	0.0%
Non-binary	0.3%	0.0%	0.0%	0.6%
Education				
High school diploma/GED	38.3%	14.3%	37.9%	39.9%
Associate degree	17.7%	28.6%	21.9%	12.9%
Master's/PhD degree	14.7%	14.3%	16.0%	13.5%
Bachelor's degree	12.4%	14.3%	11.2%	13.5%
Vocational/Technical certificate	8.8%	28.6%	8.9%	8.0%
Some high school	5.0%	0.0%	2.4%	8.0%
Less than high school	2.1%	0.0%	1.8%	2.5%
Employment Status				
Full-time	44.8%	71.4%	50.3%	38.0%
Retired	22.1%	28.6%	16.0%	28.2%
Disabled	10.0%	0.0%	11.8%	8.6%
Part-time	9.7%	0.0%	9.5%	10.4%
Unemployed	9.1%	0.0%	10.1%	8.6%
Self-employed	1.8%	0.0%	1.2%	2.5%
Student	1.8%	0.0%	1.2%	2.5%
Homemaker	0.0%	0.0%	0.0%	0.0%
Average Household Income per Year				
\$0-\$10,000	18.9%	0.0%	19.5%	19.0%
\$100,001 and above	18.3%	42.9%	21.9%	13.5%
\$10,001-\$20,000	12.1%	14.3%	11.8%	12.3%
\$70,001-\$100,000	10.0%	14.3%	10.7%	9.2%
\$20,001-\$30,000	9.4%	0.0%	7.7%	11.7%
\$30,001-\$40,000	9.4%	0.0%	10.1%	9.2%
\$40,001-\$50,000	7.4%	0.0%	8.9%	6.1%
\$50,001-\$60,000	6.8%	28.6%	4.1%	8.6%
\$60,001-\$70,000	5.9%	0.0%	4.7%	7.4%
Did not respond	1.5%	0.0%	1.8%	1.2%

	Total Service Area	Charlotte	Halifax	Mecklenburg
Number of People in Household				
2	33.6%	57.1%	28.4%	38.0%
3	21.8%	28.6%	26.0%	17.2%
4	16.2%	14.3%	15.4%	17.2%
1	16.2%	0.0%	17.2%	16.0%
5	8.3%	0.0%	8.9%	8.0%
6 or more	2.9%	0.0%	4.1%	1.8%
Which of the following describes your current type of health insurance?				
COBRA	0.3%	0.0%	0.6%	0.0%
Employer provided insurance	38.1%	57.1%	45.0%	30.1%
Medicaid	28.6%	0.0%	29.0%	29.4%
Medicare	23.6%	28.6%	18.3%	28.8%
Dental Insurance	18.6%	0.0%	22.5%	15.3%
Medicare Supplement	9.7%	14.3%	9.5%	9.8%
Individual/ Private insurance/ Marketplace/ Obamacare	7.4%	0.0%	8.3%	6.7%
Government (VA, TRICARE)	5.3%	14.3%	3.6%	6.7%
No dental insurance	4.7%	0.0%	5.3%	4.3%
Health Savings Plan/ Spending Account	4.1%	0.0%	7.1%	1.2%
No health insurance	2.9%	0.0%	3.6%	2.5%
What do you think are the top 5 issues that affect health in our community? (Please check up to five (5)).				
Alcohol or Illegal Drugs	49.9%	71.4%	50.3%	48.5%
Obesity/Overweight	40.7%	71.4%	44.4%	35.6%
Cancer	39.5%	42.9%	36.1%	42.9%
Mental Health	35.1%	14.3%	39.6%	31.3%
Diabetes	29.5%	28.6%	29.6%	29.4%
Heart Conditions (Congestive Heart Failure, Heart Disease, Heart Attacks)	27.4%	14.3%	30.8%	24.5%
Access to Healthy Foods	27.4%	57.1%	29.0%	24.5%
Housing Affordability and Availability	17.7%	14.3%	21.9%	13.5%
Dental/Oral Care	17.4%	28.6%	17.8%	16.6%
Transportation	16.2%	14.3%	14.8%	17.8%
Lack of Exercise	15.9%	28.6%	17.2%	14.1%
Tobacco Use/Vaping	15.6%	42.9%	14.2%	16.0%
Blood Pressure/Diabetes	15.0%	0.0%	17.2%	13.5%
Domestic Violence	14.5%	0.0%	17.8%	11.7%
Alzheimer's/Dementia	14.2%	0.0%	10.7%	18.4%
Baby/Mother Care	13.9%	28.6%	17.8%	9.2%
Bullying	13.0%	0.0%	11.8%	14.7%
Texting/Distracted Driving	12.4%	14.3%	11.8%	12.9%
Childcare	10.9%	0.0%	10.7%	11.7%
Homelessness Services	10.3%	0.0%	10.7%	10.4%
Child Abuse/Neglect	8.8%	0.0%	8.3%	9.8%
Respiratory Diseases (COPD, Asthma, Emphysema)	8.8%	0.0%	9.5%	8.6%
Chronic Pain	8.3%	0.0%	7.7%	9.2%
Education	8.3%	0.0%	9.5%	7.4%
Environmental Health (Water Quality, Air Quality, Pollution)	6.8%	0.0%	5.9%	8.0%
Violence in the Community (Gun Injuries, Gangs, Human Trafficking)	6.8%	0.0%	7.7%	6.1%
Neurological Conditions (Stroke, Seizure, Multiple Sclerosis, TBI)	6.5%	0.0%	6.5%	6.7%
Prescription Drug Misuse	6.5%	14.3%	7.1%	5.5%
Suicide	6.5%	14.3%	8.3%	4.3%

	Total Service Area	Charlotte	Halifax	Mecklenburg
What do you think are the top 5 issues that affect health in our community? (Please check up to five (5)). Continued..				
Physical Disabilities	5.3%	0.0%	5.3%	5.5%
Homicide	4.7%	0.0%	4.1%	5.5%
Accidents/Unintentional Injuries	4.1%	0.0%	3.6%	4.9%
Violence (Sexual, Physical)	3.8%	0.0%	4.1%	3.7%
Sickle Cell Disease	3.2%	0.0%	2.4%	4.3%
Unsafe Sex	3.2%	0.0%	5.3%	1.2%
Sexual Assault	2.9%	0.0%	2.4%	3.7%
Tax and Fee Relief Assistance	2.7%	0.0%	2.4%	3.1%
Access to Technologies	2.4%	0.0%	2.4%	2.5%
Re-Entry Programs	2.4%	0.0%	1.8%	3.1%
Infectious Disease (Hepatitis, TB, MRSA)	2.1%	0.0%	0.6%	3.7%
Religious Freedoms	0.6%	0.0%	0.6%	0.6%
Harm Reduction Resources	0.3%	0.0%	0.0%	0.6%
English Second Language Services	0.3%	0.0%	0.0%	0.6%
What healthcare services are hard to get in our community? Please select ALL that apply.				
Dental Care	59.3%	42.9%	58.6%	60.7%
Mental Health Care	51.6%	71.4%	51.5%	50.9%
Vision (eye) care	38.1%	57.1%	36.7%	38.7%
Treatment for Alcohol/Substance Use Disorder	34.8%	28.6%	37.3%	32.5%
Baby/Mother Care	31.0%	28.6%	39.6%	22.1%
Primary Care Provider	27.1%	28.6%	29.6%	24.5%
Cancer Care	26.5%	28.6%	24.9%	28.2%
Alternative Therapy/Massage/Yoga	23.3%	14.3%	20.7%	26.4%
Urgent Care	23.3%	28.6%	17.8%	28.8%
Eldercare	20.1%	14.3%	21.9%	18.4%
Dermatology	19.8%	0.0%	18.9%	21.5%
Physical Therapy	11.8%	0.0%	8.3%	16.0%
Medications/Medical Supplies	10.9%	0.0%	12.4%	9.8%
Inpatient Hospital Procedures	10.3%	14.3%	14.2%	6.1%
End of Life Care/Hospice	9.4%	0.0%	8.9%	10.4%
Ambulance Services	9.4%	28.6%	5.9%	12.3%
Chiropractic	6.2%	14.3%	3.6%	8.6%
Lab Work/X-Rays	4.7%	14.3%	3.6%	5.5%
Treatment for Sexually Transmitted Diseases	3.8%	0.0%	4.1%	3.7%
Immunizations	2.4%	0.0%	0.6%	4.3%
Prefer not to answer	1.5%	0.0%	1.2%	1.8%
When was the last time you saw a doctor or other healthcare provider for a well check/exam and not for a sick visit?				
Within the past year (1-12 months)	87.6%	71.4%	90.5%	85.3%
Within the past 2 years (13-24 months)	4.7%	0.0%	4.1%	5.5%
I only see a doctor or healthcare provider when I am sick, not for routine well checks	3.5%	14.3%	3.6%	3.1%
Within the past 5 years (25 months to 5 years)	1.5%	0.0%	0.6%	2.5%
Prefer not to answer	1.2%	14.3%	0.6%	1.2%
More than 5 years ago	0.9%	0.0%	0.0%	1.8%

	Total Service Area	Charlotte	Halifax	Mecklenburg
Have you been told by a doctor or healthcare provider that someone in your household is a person with any of the following (Please select ALL that apply):				
High Blood Pressure	57.2%	57.1%	59.2%	55.2%
High Cholesterol	34.8%	57.1%	35.5%	33.1%
Obesity/Overweight	31.0%	28.6%	36.1%	25.8%
Asthma	28.3%	28.6%	27.2%	29.4%
Depression/Anxiety	27.1%	57.1%	26.0%	27.0%
Mental Health Issues	18.3%	14.3%	20.7%	16.0%
Heart Disease	16.8%	42.9%	13.0%	19.6%
Cancer	15.9%	0.0%	13.6%	19.0%
High Blood Sugar/Diabetes	11.5%	28.6%	16.6%	5.5%
I have no health problems mentioned by doctor	10.6%	0.0%	9.5%	12.3%
COPD/Chronic Bronchitis/Emphysema	8.8%	28.6%	10.7%	6.1%
Drug or Alcohol Issues	5.0%	28.6%	4.7%	4.3%
Stroke	4.7%	14.3%	4.1%	4.9%
Prefer not to answer	4.4%	0.0%	3.0%	6.1%
Cerebral Palsy	0.6%	0.0%	1.2%	0.0%
HIV/AIDS	0.0%	0.0%	0.0%	0.0%
What keeps you from being healthy?				
Costs	49.9%	71.4%	47.9%	50.9%
Time off from work	21.5%	28.6%	24.3%	18.4%
Lack of Medical Providers	18.9%	14.3%	20.7%	17.2%
Understanding the use of Health Services	15.3%	0.0%	16.0%	15.3%
Location of Health Services	13.6%	28.6%	10.7%	16.0%
Health Insurance	10.6%	0.0%	10.7%	11.0%
Transportation	9.4%	0.0%	10.1%	9.2%
No/limited home support network	7.1%	14.3%	8.3%	5.5%
Childcare	5.0%	0.0%	5.9%	4.3%
No/Limited phone access	2.4%	0.0%	3.6%	1.2%
Do you feel safe in your neighborhood to walk, find help and live?				
Yes	88.5%	85.7%	89.3%	87.7%
No	7.7%	0.0%	7.1%	8.6%
Prefer not to answer	3.5%	14.3%	3.6%	3.1%
Please select ALL of the statements below that describe your lifestyle during the last 30 days.				
None of the above statements apply to my last 30 days.	71.4%	71.4%	71.6%	71.2%
I have used tobacco products like cigarettes, smokeless tobacco, vaping devices.	14.2%	0.0%	16.0%	12.9%
I have used marijuana in any form.	7.7%	14.3%	10.7%	4.3%
I have had 5 or more alcoholic drinks (male) or I have had 4 or more alcoholic drinks (female) in one sitting or occasion.	7.4%	0.0%	10.7%	4.3%
Prefer not to answer.	5.6%	14.3%	2.4%	8.6%
I have used prescription medications to get high or for purpose they were not prescribed.	1.2%	0.0%	0.6%	1.8%
I have used drugs like meth, cocaine, heroin, ecstasy, LSD or similar.	0.3%	0.0%	0.6%	0.0%

	Total Service Area	Charlotte	Halifax	Mecklenburg
What type of transportation do you typically use? (Please select ALL that apply)				
I drive	85.0%	100.0%	88.8%	80.4%
Taxi	12.4%	0.0%	9.5%	16.0%
Bike or walk	0.9%	0.0%	1.2%	0.6%
Other transit service	0.9%	0.0%	0.0%	1.8%
Public transit (bus, shuttle, similar)	0.6%	0.0%	0.6%	0.6%
Ridesharing/Carpooling	0.6%	0.0%	0.6%	0.6%
Friends/Family	0.3%	0.0%	0.0%	0.6%
Uber/Lift	0.3%	0.0%	0.0%	0.6%
Where do you get the food that you eat at home?				
Grocery store	94.1%	100.0%	97.0%	90.8%
Take-out/ fast food/ restaurant	20.6%	14.3%	20.7%	20.9%
Dollar store	19.2%	0.0%	11.8%	27.6%
Food bank/ food pantry	13.6%	0.0%	13.6%	14.1%
Farmers market	12.7%	28.6%	13.0%	11.7%
Home garden	11.2%	28.6%	11.2%	10.4%
Corner store/ convenience store/ gas station	4.4%	0.0%	5.3%	3.7%
Community Garden	2.4%	0.0%	0.6%	4.3%
I regularly receive food from family, friends, neighbors, or my church	2.1%	0.0%	1.2%	3.1%
Backpack or summer food programs	1.2%	0.0%	1.8%	0.6%
Meals on Wheels	0.9%	0.0%	0.0%	1.8%
I do not cook/eat at home	0.3%	0.0%	0.6%	0.0%
Where do you sleep most often?				
In a home I own or rent	92.3%	100.0%	94.7%	89.6%
Stay with friends or family because of financial issues (not my choice)	3.5%	0.0%	4.1%	3.1%
Did not respond	1.5%	0.0%	0.0%	3.1%
Living with extended family because that is my choice	1.2%	0.0%	0.6%	1.8%
In a group home, hospital, or treatment program	0.6%	0.0%	0.0%	1.2%
In a hotel or motel	0.6%	0.0%	0.6%	0.6%
Describe how help is needed for any health issues in the community where you live.				
Charlotte County	Students do not have dental and vision insurance and have issues that go untreated.			
	Transportation is always an issue for people in the area; access to affordable non-emergency care; access to knowledgeable specialists			
Mecklenburg County	Desperately need a doctor in Chase City. Cannot get medical help without an appointment with a NP which might be months in the future. However, no patients in the waiting room and no cars in the parking lot. Please help us!!!!!! We are pitiful.			
	Dementia support groups			
	more dental and eye care needed with Medicaid patients			
	rheumatology and other specialists			
	More doctors, dentist, vision care that accepts Medicare Advantage insurance.			
	We need more local doctors and specialty doctors.			
	Affordable healthy foods and access to affordable gyms for exercise. High deductible health insurance plans make people hesitant to seek medical care due to cost. ESL services in general including classes to help learn English. Housing is so expensive that I have my son and his wife living with me. She is legal immigrant seeking help learning English.			
	Transportation needed for most house holds.			
We need more mental health services including counselors.				

Mecklenburg County, continued

To have doctors who care about the people who came to see them.
We need more help for disabled people that can't walk and get around, example going to get groceries and cleaning house.
I feel we need more places people can openly walk into and not feel ashamed. Also, some people don't have the money or transportation to get there. Free and guaranteed help is what we need.
Better insurance
Cancer treatment facility needed.
I need help with trying to get in some type of exercise for me and my husband. He has two hip replacements, and my issue is pain from arthritis.
More doctors
Transportation
Lack of mental health services.
There appears to be many with Parkinsons and dementia, more than normal. Environmental? Chemical? Water? Tabacco industry in the past?
Transportation
Transportation is a big factor and needed specialty doctors.
Mental health and substance abuse help is needed in this area.
With constant rising costs of food, it's become very difficult to eat healthy. Many health issues are caused by eating greasy, unhealthy foods, plus they are cheaper than the good foods!
More qualified primary care and specialized doctors.
1. Transportation 2. Support 3. Housing 4. Community beautification
Home visits and information to those homebound, who can't get rides.
We need more urgent care, dentist, and eye doctors.
Help is always needed in the mental health department.
I believe referral is great because, there is PATHS and the Health department. The only thing I think that may be an issue for some people who don't get out maybe loneliness and isolation which can result in health issues.
Natural Healthcare options are extremely hard to come by, not everyone can or wants to use basic health services.
So called "alternative" options are non-existent here. Acupuncture, message, acupressure, naturopathic doctors, etc.
Could use an urgent care in Clarksville.
Education
We have almost no childcare for mothers. No affordable options other than the YMCA for those wanting to exercise and get healthy.
Need lots of help! Should be free.
We need specialized doctors in our community. They all just come and leave. Have drive to Richmond or Raleigh for a dr.
Transportation
Because some people don't have health insurance.
Additional help with senior citizens to have aid with daily duties.
It needs to be talked about more.
Insurance only
Cancer resource, Mecklenburg county has a very high rate of cancer providers in this area.
more local resources, free clinic to check blood pressure, sugars, so on
Specialists: rheumatoid arthritis, diabetes, anxiety
Many people don't have friends or family to help them. So that's how they need the help.

Halifax County

We need to offer maternity/newborn care again. We live in a maternity desert that leads to negative outcomes for our maternity population.
We need women's/maternal health providers.
It is challenging to access medical care. I am a high-risk pregnant mother and am required to drive 1.5 hours to access OB/GYN care. I will be required, again, to give birth at a hospital that is not local. This will displace my entire family. I am fearful that I may give birth while driving to a hospital of my choice. An overwhelming majority of my paid time off consists of simply accessing medical care that is not available locally. It is challenging to access primary care- many times my Sentara physician is booked out for months and the walk-in is not immediately available. I often access medical care through Urgent Care if I need to be seen, which results in insurance and my family paying more for illnesses that can be treated by a Primary Care Physician.
Education and services to provide healthy eating habits (sample menus, cooking classes, therapy session for healthy habits)
There is no labor and delivery at the local hospital making it at least a one hour drive and most of the time 2-3 hours for maternity patients. It is hard to find and receive help for mental illnesses.
There are few mental health and addition services available. Those that are available appear to be out of reach of people who do not have very good health insurance.
Access to affordable health care services for all ages.
WE NEED MOTHER BABY CARE BACK IN HALIFAX COUNTY VIRGINIA!!!!!!!!!!!!!!!!!!!!!!!!!!!!!! THE RISKS OF DRIVING ELSEWHERE ARE DANGEROUS AND THIS COMMUNITY WILL NOT THRIVE WITHOUT PROPER CARE OF WOMENS RIGHTS!!
There is such a demand for mental health assistance in this community. There is a lack of providers and a tedious process for those when needing inpatient care or to be sent for hospitalization. Also there is a gap when trying to get care needed for primary care and this leads to not being treated or diagnosed for diseases which also increase hospitalizations, ER visits.
We need to have baby deliver option in our county. This is a service we no longer have so our services are going down.....
The cost of living. Limited dental care. They removed the labor and delivery here and that is hard for expected mothers. The drug, crime and alcohol abuse rate is high in this area. Patients have difficult affording the cost of healthcare. The waitlist is long in this area for children needing speech, OT, physical therapy.
The women in our community must have adequate access to healthcare, which includes a place in Halifax county to give birth. Additionally, transgender individuals in this area are suffering from a lack of knowledgeable healthcare providers. I was by a DR that she was not comfortable monitoring my T levels, although "normally she would". My new primary is now from UVA.
We need OB care
Need a broader physician base so you feel comfortable seeing a surgeon or other specialized physician without having to go out of network for services.
local cardiac services
We need to provide labor and delivery services at the local hospital.
I am beyond child bearing but we need the option for mothers to get their care locally (South Boston/Halifax) instead of having to travel an hour for care. I would never have made it to the hospital!!!
need birthing center
I live in Halifax County, yet I have to travel to neighboring counties for all health needs aside from an eye doctor. This requires me to use at least 10 hours of sick leave a month to drive to and from appointments. Additionally, there is growing concern in the community about removing delivery services at the hospital.
need birthing center

Halifax County, continued

rural community without access to most major specialties. the usual rural setting problems
I have to drive to Lynchburg for pain management care. cannot find a local dentist. 50 miles round trip for groceries.
We need a hospital that can help pregnant people so they won't have to go so far to have babies and most women not making it in time have to travel 30min to 2hr to get help. Need help with housing cost.
Every time we got a new PCP they moved on. We depend on specialists, my daughter (a GA MD) and have a new PCP in NC
Our hospital needs a labor and delivery unit
We used to have a top notch hospital staffed with excellent physicians and staff. Too many patients are having to be airlifted to other facilities for care. Although thankful for the technology of air ambulances I would prefer to be treated and cared for in my own hometown so as to not put a burden on my family. Make Halifax Sentara Hospital great again.
There is no prenatal care in Halifax county.
transportation for people not on Medicaid
Over dose prevention
We need Mental health help BAD in our community !!
Maternal care- OB with local and close delivery options Education on health issues
Insurance is so expensive even through my employer.
I feel like the community needs more help.
I feel like the community needs more help and more doctors.
Need more one day access.
We are in need of a free dental clinic.
Don't know
Cutting trees and bushes.
Trash
Affordable insurance
Affordable insurance and health.
Health insurance is extremely costly, having a place where people can get affordable good care would help in this area.
Homeless and women shelters, more charities, give aways. More food banks and pantries.
Shelter for people with no help or insurance.
Need more alternative options for exercise.
More help for the homeless in the area.
I think we need to have more awareness for health issues.
Need access to quality care and services.
People need help controlling their weight. Fast food and colas are destroying America's health.
Help is needed on communication.
Transportation Medication expenses
More childcare for longer hours than 9-5. Better help with food.
Need transportation bad.
Need homeless shelter.
Healthier foods.
lack of help for single moms, working full time; i.e child care, food assistance cut b/c "make too much money" but those not actively seeking employment get all the help
Transportation is the critical need to get to food banks, to meetings for mental/substance abuse help, to hospital & health services.
Need doctors with more understanding and more informative and confidential.
We need more doctors and transportation in this area.

Community Focus Groups

Focus Group Demographics			
3 Total Focus Groups: 32 Participants			
Sex of participants (gender identified)	Female	29	Male
Race/ethnicity of participants	White		Black
	10		21
			Hispanic
			1
Summary of Key Findings (CHATGPT was used to summarize notes)			
(Complete notes upon request through our Feedback Form)			
Topic 1: What are the top 5 greatest needs in your community(s) around health and wellness?			
Greatest Needs in the Community (Health & Wellness)			
Key issues identified:			
<ul style="list-style-type: none"> • Maternal Care – Need for more resources, post-natal care, postpartum depression support. • Transportation – Repeated concern, especially for the elderly, food deserts, and accessing doctors, food, and medicine. • Mental Health – Services for all ages, including elderly mental health, counseling, and resources. • Veteran Care – Need for specialized support. • Substance Abuse – Rehabilitation and addiction support. • Specialists & Providers – Shortage of doctors, dentists, optical care, and nurse practitioners. • Resource Awareness – Information gaps on available services and preventative care. • Elderly Support – Respite care, referrals, and better accessibility. • Environmental Health – Clean water, housing affordability, and safe living conditions. • Health Literacy – Understanding medical information and technology use. • Diabetes & Asthma Education – More education and resources. • Childcare for Special Needs – Better IEPs, teacher training, and social worker response. • Food Insecurity – Lack of grocery stores, food access. • Low Wages & Jobs – Economic barriers impacting health. 			
Top 5 Greatest Needs in the Community (Health & Wellness Focus)			
Access to Healthcare Services:			
<ul style="list-style-type: none"> • Maternal care (pre-natal, post-natal, postpartum depression support) • Specialist providers (optical, dental, diabetic care, asthma care) • Mental health services (including elderly mental health, addiction rehab, dementia support) • Veterans' healthcare • Nurse practitioners providing proactive, community-based care 			
Transportation:			
<ul style="list-style-type: none"> • Reliable transportation for the elderly and those in food deserts • Access to doctors, food, and medicine • Transportation for accessing maternal care and other services 			
Resource Awareness & Accessibility:			
<ul style="list-style-type: none"> • Clear, accessible information on healthcare resources and preventative care • Help navigating technology (telemedicine, safe link phones) • Literacy support (understanding medical information) • Community communication platforms (local TV, news, etc.) 			
Housing & Environmental Health:			
<ul style="list-style-type: none"> • Affordable and available housing • Safe water (contaminant concerns) • Residential support for vulnerable populations 			
Support for Families & Education:			
<ul style="list-style-type: none"> • Respite care and adult care support • Special needs childcare and better-trained teachers • Improved IEPs (Individualized Education Programs) and homebound school support • Social worker responsiveness 			
Additional Concerns Highlighted:			
<ul style="list-style-type: none"> • Food insecurity (need for more grocery stores and access to food) • Technology barriers (internet connections for telemedicine, better phones) 			

Topic 2: What do you see as the cause of these needs?

Causes of These Needs

Key causes discussed:

- Lack of Providers & Services – Healthcare professional shortages and burnout.
- Transportation Barriers – Limited options for getting to appointments and resources.
- Financial Strain – Low wages, rising cost of living, and financial stress.
- Leadership Gaps – Local government priorities misaligned, lack of strong leadership.
- Education Deficiencies – Limited health literacy and provider training.
- Caregiver Struggles – Food access issues, stress, and burnout.
- Substance Abuse & Mental Health – Contributing to other challenges.

Key Causes Identified:

Lack of Access & Infrastructure Gaps:

- Limited transportation options.
- Lack of food banks and places for families to seek support.
- Food deserts impacting access to nutritious food.
- Shortage of healthcare providers and specialized services.
- Insufficient caregiver support (e.g., no one to watch loved ones).

Systemic & Structural Challenges:

- County government and leadership issues (e.g., Board of Supervisors not prioritizing needs).
- Understaffed facilities, leading to burnout and stress among healthcare workers.
- Low salaries that don't keep up with the cost of living.
- Financial strain across households and service providers.

Workforce & Attitude Concerns:

- Worker burnout, lack of motivation, and disinterest.
- Some perceived laziness among workers.
- People working just for the money, not driven by care or passion.

Health & Social Determinants:

- Drug and alcohol issues creating a cycle of health and social challenges.
- Lack of individualized healthcare approaches.
- Gaps in education around health and available resources.

Economic Pressures:

- Rising cost of living impacting residents and healthcare providers.
- Financial instability making it harder for families to prioritize health.

Topic 3: What resources are available in the community to meet these needs?

Available Resources

Existing community supports include:

- Faith-Based & Nonprofits – Religious organizations, food pantries, community action groups.
- Healthcare & Wellness Groups – Southside Wellness Coalition, Southside Behavioral Health, Brunswick Health Ambassadors (BHA).
- Transportation Assistance – HART Bus (unreliable service).
- Specialized Support – Brunswick Cancer Association, Recovery Court.
- Telehealth & Referral Lines – Expanding but still facing access challenges.
- Community Strength – Dedication among residents.

Key Resources Identified:

Community & Faith-Based Support:

- Religious organizations offering assistance.
- Food pantries (though long lines are a challenge).
- Local residents showing dedication and mutual support.

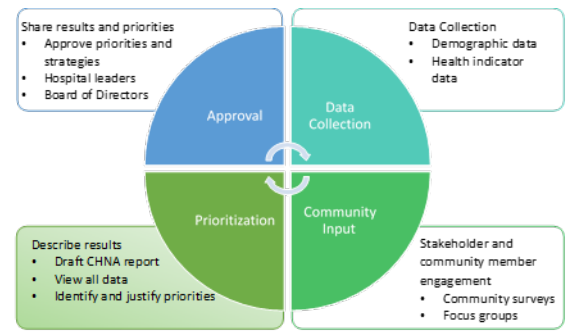
Healthcare & Wellness Organizations:

- Brunswick Cancer Association (providing support and services).
- Brunswick Health Ambassadors (BHA) – hosting community events and offering health information/care.
- Southside Wellness Coalition – focusing on wellness and community health.
- Southside Behavioral Health – offering mental health and behavioral services.
- Telehealth services – providing remote access to healthcare.
- Referral lines – helping connect individuals to needed services.

<p>Legal & Recovery Services:</p> <ul style="list-style-type: none"> Recovery Court – supporting individuals dealing with substance abuse and legal issues.
<p>Transportation Services:</p> <ul style="list-style-type: none"> HART Bus (Halifax Area Rural Transportation) – limited and unreliable; often causes individuals to miss appointments.
<p>Community Action & Assistance Programs:</p> <ul style="list-style-type: none"> Tri-County Community Action Agency – offering various forms of local support. Fire Department – providing community support like free internet and coordinating a food pantry truck.
<p>Note: While these resources exist, there are notable gaps in reliability and accessibility (e.g., transportation issues with HART Bus, food pantry lines being too long).</p>
<p>Topic 4: What are the barriers to accessing these resources?</p>
<p>Barriers to Accessing Resources</p>
<p>Common barriers mentioned:</p> <ul style="list-style-type: none"> Transportation – Consistent, major issue. Misinformation & Media Gaps – Inconsistent or biased coverage of available resources. Healthcare Gaps – No urgent care, lack of local services in Lawrenceville. Low Wages – Financial limitations prevent access. Confidentiality Concerns – Issues with patient privacy and HIPAA compliance.
<p>Key Barriers Identified:</p>
<p>Transportation Challenges:</p> <ul style="list-style-type: none"> Limited and unreliable transportation options. Difficulty reaching healthcare services and resource centers.
<p>Gaps in Local Services:</p> <ul style="list-style-type: none"> No urgent care facility available locally. Lawrenceville is often overlooked when services or programs are expanded.
<p>Communication & Information Issues:</p> <ul style="list-style-type: none"> Media bias – local media not adequately reporting on available resources or community issues. Misinformation – confusion or lack of accurate information about resources.
<p>Economic Barriers:</p> <ul style="list-style-type: none"> Low wages – residents struggle financially, making it harder to prioritize healthcare and other needs.
<p>Trust & Confidentiality Concerns:</p> <ul style="list-style-type: none"> Perceived lack of care and concerns about confidentiality when accessing services.
<p>Topic 5: What is one issue/need we can work on together, to create a healthier community? How?</p>
<p>Collective Action for a Healthier Community</p>
<p>Suggested actions:</p> <ul style="list-style-type: none"> Transportation Solutions – Requires collaboration across organizations and leaders. Leadership Improvement – Demand accountability from local officials; voter engagement. Expand Providers & Services – Competitive pay to attract healthcare professionals. Community Events – Health education, mental health awareness, school drives, food/clothes giveaways. Church Involvement – Supporting outreach and information sharing. Networking & Partnerships – Strengthening cross-community collaboration. Confidentiality & Care Quality – Improve patient privacy, provider attentiveness, and follow-up care.
<p>Key Focus: Transportation (Primary Issue Identified)</p>
<ul style="list-style-type: none"> Why It Matters: Transportation is a foundational issue impacting access to healthcare, food, medicine, and community resources. Approach: <ul style="list-style-type: none"> Collaboration: Work together across sectors (government, churches, community groups) to develop solutions. Strength in Numbers: Unite as a community to address the issue collectively. Leadership: Advocate for accountable and effective leaders who prioritize community needs over personal connections.
<p>Broader Community Health Solutions (How to Build a Healthier Community):</p>
<p>Improve Access to Healthcare & Providers:</p> <ul style="list-style-type: none"> Bring in more healthcare providers and specialists. Ensure competitive pay to retain staff. Improve appointment availability and reduce wait times. Focus on doctor-patient time—less rushing, more care.

<ul style="list-style-type: none"> • Reduce medication errors and improve follow-up care.
<p>Protect Privacy & Build Trust in Healthcare:</p> <ul style="list-style-type: none"> • Ensure confidentiality (MyChart, hospital staff, HIPAA compliance). • Address negative staff attitudes and improve patient experiences.
<p>Expand Resource Access & Communication:</p> <ul style="list-style-type: none"> • Host community events (e.g., mental health awareness, anti-bullying, back-to-school drives, food and clothing giveaways). • Increase availability of HIV test kits. • Strengthen networking and communication among organizations and residents. • Partner more closely with churches as trusted hubs for support.
<p>Strengthen Civic Engagement:</p> <ul style="list-style-type: none"> • VOTE for leaders who represent the community's needs. • Hold county leadership accountable. • Advocate for removing conflicts of interest (e.g., family members on governing boards).
<p>Commit to Ongoing Collaboration:</p> <ul style="list-style-type: none"> • Continue to meet, talk, and work together toward solutions.
<p>Topic 6: Is there anything else you would like to share?</p>
<p>Additional Thoughts</p>
<ul style="list-style-type: none"> • Leadership Motivation – Encourage community members to lead. • Senior Community Gaps – Need a senior center and better support systems. • Cost Concerns – Rising costs impacting health and daily living. • BHA as a Resource – Trusted organization for listening and support. • Churches as Messengers – Can help spread health and wellness information.
<p>Additional Thoughts & Ideas Shared</p>
<p>Leadership & Motivation:</p> <ul style="list-style-type: none"> • Need to motivate residents to step into leadership roles and advocate for change. • Encourage new voices and fresh leadership to emerge from the community.
<p>Respite Care & Senior Support:</p> <ul style="list-style-type: none"> • Desire to open a center for loved ones (e.g., seniors, individuals with disabilities) that offers respite care once or twice a month. • Noted lack of community and social spaces for senior citizens—seniors are often isolated.
<p>Economic Concerns:</p> <ul style="list-style-type: none"> • Cost of living is too high, creating financial strain on families and limiting access to healthcare, food, and other essentials.
<p>Community Strengths:</p> <ul style="list-style-type: none"> • Brunswick Health Ambassadors (BHA) serve as a listening ear and a trusted resource for health information and community concerns. • Churches are trusted hubs that can help distribute information and support outreach efforts.

Appendix D: Prioritization Process



The process to determine whether each health issue qualified as a CHNA health need drew upon both secondary and primary data, as follows:

1. A health need category was identified as high need based on secondary data collected if it met any of the following conditions:
 - Overall severity: at least one health indicator need was much worse or worse than the state.
 - Disparities: at least one health indicator need was much worse or worse than the state for any defined racial/ethnic group.
 - External benchmark: health indicator data showed worse than an external goal (e.g., state average, county data, and Healthy People 2030).
2. A health need category was identified as high need based on primary data if it was identified as a theme in a majority of community survey responses and focus groups.
3. Classification of primary and secondary data was combined into the final health need category using the following criteria:
 - True Health Need Priority: High need indicated in both secondary and across all types of primary data. SHRH and CHNA partners confirm these health needs.
 - Possible Health Need: High need indicated only in secondary data and/or some primary data. These health issues were further discussed with SHRH and CHNA partners to determine final status.
 - Not a High Priority: High need indicated in only one or fewer sources.

Description of the Community Needs Identified

For each priority concern that has been identified, the related threats and opportunities are listed.



Behavioral Health	
<p>Threats Posed to the Community</p> <ul style="list-style-type: none"> • Increased substance use • Perception of fear and stigma • Increase in health care needs • Not enough services available • Emergency Room overutilization • Impacts both youth and adults, increasing suicidal thoughts 	<p>Opportunities Created for Community</p> <ul style="list-style-type: none"> • Increase access to mental health services and education • Education for community, families, teachers, youth, parents • Opportunity to provide more resources and opportunities for providers to make better referrals • Collaboration on all fronts to make a difference • Telepsych services within the hospital
Chronic Disease	
<p>Threats Posed to the Community</p> <ul style="list-style-type: none"> • Chronic disease utilizes a lot of resources (doctors, time, costs) • Hard to get PCPs to refer clients • Emergency room admissions • Less physical activity among youth and adults • Lack of physical activity in schools • Access to healthy food • Higher healthcare costs • Alzheimer's will have a large effect on the aging population 	<p>Opportunities Created for Community</p> <ul style="list-style-type: none"> • Opportunity to provide more education and opportunities in the community (diabetes programs, screening events, health fairs) • Opportunities for education on physical health, YMCA partnerships • Opportunities to collaborate with community partners to educate and provide services • Aging in place, healthy lifestyles for aging communities in rural areas • Mammography services, no PCP required for referral • Community garden, healthy food education • Mobile clinic services
Social Drivers of Health	
<p>Threats Posed to the Community</p> <ul style="list-style-type: none"> • Reduced opportunity for low- and middle-income families to graduate college • Less educated society • Less access to medications • Increase of Emergency Room visits vs. primary/preventive care • Making choices of healthcare versus dinner 	<p>Opportunities Created for Community</p> <ul style="list-style-type: none"> • Grant funding for partners to provide trade school opportunities and education • Identify programs that help with payments for bills/Medicaid, Medicare specialist to assist with insurance applications • Provide education for patients to talk about true healthcare costs • Providing education to address healthcare programs for prevention • Utilizing diverse Community Health Workers • Better connections with nonprofits and community health centers to identify and address health needs